

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

70

Application Number	09/751,349
Filing Date	28 DEC 2000
First Named Inventor	HAMILTON
Art Unit	2614
Examiner Name	MANNING, JOHN
Attorney Docket Number	T730-10

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks Certificate of Mailing Cited References (45 pgs.) Return Postcard Copy of E-file IDS Fee Receipt		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Technology, Patents and Licensing, Inc.	
Signature		
Printed name	Craig Hallacher	
Date	10/19/04	Reg. No. 54,896

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Patti Hespell	Date	10/19/04

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OCT 21 2004

PTO/SB/17 (10-04)

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 215.00)

Complete if Known

Application Number	09/751,349
Filing Date	28 DEC 2000
First Named Inventor	HAMILTON
Examiner Name	MANNING, JOHN
Art Unit	2614
Attorney Docket No.	T730-10

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number 501535
Deposit Account Name

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Fee Code (\$)	Fee	Small Entity	Fee Code (\$)	Fee	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee			
1002	350	2002	175	Design filing fee			
1003	550	2003	275	Plant filing fee			
1004	790	2004	395	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1) (\$)							

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	14	-20** =	9.00	=
Independent Claims	2	- 3** =	44.00	=
Multiple Dependent				0.00

Large Entity	Fee Code (\$)	Fee	Small Entity	Fee Code (\$)	Fee	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20			
1201	88	2201	44	Independent claims in excess of 3			
1203	300	2203	150	Multiple dependent claim, if not paid			
1204	88	2204	44	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)							

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Fee Code (\$)	Fee	Small Entity	Fee Code (\$)	Fee	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath			
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet			
1053	130	1053	130	Non-English specification			
1812	2,520	1812	2,520	For filing a request for ex parte reexamination			
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
1251	110	2251	55	Extension for reply within first month			
1252	430	2252	215	Extension for reply within second month			
1253	980	2253	490	Extension for reply within third month			
1254	1,530	2254	765	Extension for reply within fourth month			
1255	2,080	2255	1,040	Extension for reply within fifth month			
1401	340	2401	170	Notice of Appeal			
1402	340	2402	170	Filing a brief in support of an appeal			
1403	300	2403	150	Request for oral hearing			
1451	1,510	1451	1,510	Petition to institute a public use proceeding			
1452	110	2452	55	Petition to revive - unavoidable			
1453	1,330	2453	665	Petition to revive - unintentional			
1501	1,370	2501	685	Utility issue fee (or reissue)			
1502	490	2502	245	Design issue fee			
1503	660	2503	330	Plant issue fee			
1460	130	1460	130	Petitions to the Commissioner			
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)			
1806	180	1806	180	Submission of Information Disclosure Stmt			
8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))			
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))			
1801	790	2801	395	Request for Continued Examination (RCE)			
1802	900	1802	900	Request for expedited examination of a design application			
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$)							

Fee pd & file copy attached

SUBMITTED BY

Name (Print/Type)	Craig Hallacher	Registration No. (Attorney/Agent)	54,896	Telephone	215-766-2100
Signature				Date	10/19/04

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PTO/SB/92 (08-03)

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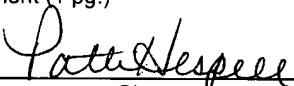
Certificate of Mailing under 37 CFR 1.8

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Oct 19, 2004
on _____
Date

1. Transmittal (1 pg.)
2. Amendment (14 pgs.)
3. Petition for Extension of Time - 1 pg. in duplicate (2 pgs.)
4. Information Disclosure Statement (3 pgs.)
5. PTO SB/08B (1 pg.)
6. Cited References (45 pgs.)
7. Return Receipt Postcard
8. Fee Transmittal - 1 pg. in duplicate (2 pgs.)
9. Copy of E-File IDS Fee Statement (1 pg.)



Signature

Patti Hespell

Typed or printed name of person signing Certificate

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T730-10

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